

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

17-OCT-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

873135

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at front of windshield or driver's side) 2B3ED46T4RH124026		Vehicle Make DODGE	Vehicle Model INTREPID	Vehicle Year 1994	Current Odometer Reading
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06011090	Part Name(s) FUEL: LPG VALVE: VAPOR SERVICE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) 20-NOV-1999 Mileage at Failure(s) 147000 Vehicle Speed at Failure(s) 2		Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES WHEN STARTING UP CAR THERE A REAL STRONG GAS SMELL THEN IT GOES AWAY ALITTLE, BUT IS STILL PRESENT.

CONTINUED ON BACK (REVERSE)

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

 U.S. Department of Transportation National Highway Traffic Safety Administration Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received: 12 OCT 2008 OFFICE OF INVESTIGATION Reference No. 873135 Work Number Home No.	
OWNER INFORMATION (Type or Print) 647202			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of your signature, provide your name and address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: 11/1/00			
VEHICLE INFORMATION Vehicle Ident. No. (VIN): 2B3ED46T4RH124026 Vehicle Make: DODGE Vehicle Model: INTREPID Vehicle Year: 1994 Current Odometer Reading: 148,000			
Purchase Date: 10/1993 Used ☒ New ☐ Dealer's Name: Fayetteville Dodge State: KY Zip Code: [Redacted] Engine Size: 3.3L (CID/CIL) No. Cylinders: 6 Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection ☒			
FAILED COMPONENT(S)/PART(S) INFORMATION Transmission Type: ☒ Automatic ☐ Manual Antilock Brakes: ☒ Yes ☐ No Restraint System: ☒ 3-Point Belt ☐ 2-Point Belt ☐ Driver's Side Airbag ☒ Passenger's Side Airbag Cruise Control: ☒ Yes ☐ No Drive Train: ☒ Front ☐ Rear ☐ 4-Wheel Vehicle Type: ☒ Car ☐ Van ☐ Minivan ☐ Other Body Style: ☒ 2-Door ☐ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other			
FAILED COMPONENT(S)/PART(S) INFORMATION Component: 061800000 Part Name(s): FUEL/FUEL SYSTEMS Location: ☒ Front ☐ Left ☐ Right Failed Part(s): ☒ Original ☐ Replacement			
No. of Failures: 1 Date(s) of Failure(s): 20-NOV-1999 Mileage at Failure(s): 147000 Vehicle Speed at Failure(s): 0 Failed Part(s): Available? ☒ Yes ☐ No NHTSA Previously Contacted? ☒ Yes ☐ No			
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash: ☐ Yes ☒ No Fire: ☐ Yes ☒ No Number of Persons Injured: 0 Number of Fatalities: 0 Estimated Property Damage: \$0 Reported to Police: ☐ Yes ☒ No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHEN STARTING UP CAR THERE IS A REAL STRONG GAS SMELL. THEN, IT GOES AWAY A LITTLE, BUT IS STILL PRESENT. AS ON FURTHER INSPECTION, FUEL IS LEAKING FROM THE AREA WHERE FUEL INJECTOR MATES TO FUEL RAIL. LEAK ONLY HAPPENS WHEN ENGINE IS COLD AND GOES AWAY AFTER ENGINE TEMPERATURE GOES UP. INDICATION IS THAT SEATS ARE INADEQUATE OR NOT INSTALLED PROPERLY AND HEAT EXPANSION FORCES AIR AFTER FIT. SMALL LINGERS.			
CONTINUE ON BACK, IF NEEDED			

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